Receipt date: 01/06/2009

SB/08a (08-03) Approved for use through 07/31/2006. OMB 0651-0031

	Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it contains a valid CMB control number.									
	Substitute for form 1449A/PTO				Complete if Known					
	INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/674,578	1			
					Filing Date	September 29, 2003	1			
					ENT BY APPLICANT First Named Inventor Andre LISCHECK					
					Art Unit	2833	I			
		(Use as many she	ets as	necessary)	Examiner Name	Hien D. Vu	I			
	Sheet	1	of	1	Attorney Docket Number	10191/3325	,			

U.S. PATENT DOCUMENTS						
Examiner	Cite	Document Number	Publication Date	Name of Palantae or Applicant of Cited Document	Pages, Columns, Lines, Where	
Initials *	No.1	Number - Kind Code ² (if known)	MM-DD-YYYY	Cited Document	Relevant Passages or Relevani Figures Appear	
		ł	l	1		

FOREIGN PATENT DOCUMENTS						
Examiner	Cite	Foreign Patent Document			Pages, Columns, Lines, Where Relevant	
initials*	No.1	Country Code ³ - Number ⁶ - Kind Code ³ (<i>If I</i> rnown)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Passages or Relevant Figures Appear	T ⁶
		JP 8045606	Feb. 16, 1996			*
		JP 8007963	Jan. 12, 1996			*
		JP 1040995	Feb. 13, 1989			*

^{*} English language abstract provided herewith.

NON PATENT LITERATURE DOCUMENTS					
Examiner Cite include name of the author (in CAP Initials * No. symposium, catalog, str		include name of the author (in CAPITAL LETTERS), tills of the article (when appropriate), tills of the item (book, magazine, journal, serial, symposium, catalog, stc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	т		
		·			
	-		┝		
			L		

	Examiner Signature	/Hien Vu/	Date Considered	04/11/2009
--	-----------------------	-----------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not cliation is in conformance with MPEP 609. Draw line through cliation if not in conformance and not considered, include copy of this form with next communication to applicant. *Applicant's unique cliation designation number (colinosis). *See kinds Codes of USPT Detail Documents by twe veglocopy or MPEP 901.04.** *Elere Office in all issued the documents by the veglocopy or MPEP 901.04.** *Elere Office in all issued the documents by the veglocopy or MPEP 901.04.** *Elere Office in all issued the documents by the veglocopy of MPEP 901.04.** *Elere Office in the document under WPP 8 Islandard ST. 16 possible *Applicant is to place a check mark here If lengths increaged Frested in a selection of the part of the region of the part of the comment of the P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.